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# ***Adult Cardiac Emergencies:***

## ***Ventricular Tachycardia with a Pulse***

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### ***I. All Provider Levels***

1. Refer to the Patient Care Protocols.
2. Provide 100% oxygen via NRB, if respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Place the patient in position of comfort. If evidence of poor perfusion is present place the patient in shock position.
4. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.



**Note Well:** EMT-I and EMT-P should use ET intubation.

5. Establish an IV of Normal Saline KVO or Saline lock.



**Note Well:** An ALS Unit must be en route or on scene.



### ***II. Advanced Life Support Providers***

1. Attach EKG monitor and interpret rhythm.
2. If mental status is altered or the patient appears hemodynamically unstable:



- A. Consider sedation option.
  - i. Diazepam (Valium) 2.0 - 5.0 mg IVP  
(Medical Control Option Only)



**Note Well:** In the event of a provider induced diazepam overdose, administer 0.2 mg Flumazenil IV push over 30 seconds, not to exceed 2.0 mg (Medical Control Option Only).

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### ***II. Advanced Life Support Providers (continued)***

- B. Perform Synchronized Cardioversion at 100, 200, 300, 360 joules.
  - i. Reassess patient after every cardioversion.
- C. If patient is unresponsive to the cardioversion attempts, administer Lidocaine 1.5 mg/kg IVP (maximum single dose of 150 mg).



**Note Well:** Administer Lidocaine 0.75 mg/kg IVP to patients with liver dysfunction, in acute CHF, or over the age of 70.



**Note Well:** Administration of Lidocaine in the bradycardiac patient may result in complete heart block

- 3. If the patient appears hemodynamically stable without critical signs and symptoms
  - A. Reassess patient every 5 minutes.
- 4. Consider obtaining 12 lead EKG after conversion to a sinus rhythm.



### ***III. Transport Decision***

- 1. Transport to the closest appropriate open facility

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### ***IV. The Following Options are Available by Medical Control Only***

1. Cardioversion at 360 joules if rhythm remains unchanged.
2. Defibrillation at 360 joules if rhythm remains unchanged.
3. Diazepam 2.0 - 5.0 mg IVP to a maximum of 10 mg (Reassess every 3 - 5 minutes after administration).
4. Flumazenil, to a maximum dose of 3.0 mg
5. Lidocaine 0.75 mg/kg IVP to a maximum of 3.0 mg/kg (300 mg).



**Note Well:** Administer Lidocaine 0.75 mg/kg IVP to patients with liver dysfunction, in acute CHF, or over the age of 70.



**Note Well:** Administration of Lidocaine in the bradycardiac patient may result in the death of the patient

6. Midazolam 1.0 - 2.0 mg IVP to a maximum of 5.0 mg

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